

| POSITION                  | INITIALS    | ID NO.     | DATE           |
|---------------------------|-------------|------------|----------------|
| FEE DETERMINATION         | <i>mc G</i> |            | <i>6-30-00</i> |
| O.I.P.E. CLASSIFIER       | <i>SGN</i>  | <i>11</i>  | <i>7/17/00</i> |
| FORMALITY REVIEW          | <i>A.S</i>  | <i>373</i> | <i>8-11-00</i> |
| RESPONSE FORMALITY REVIEW |             |            |                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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